## L2400255647

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Javyo	12 h Transpor Name of Lim	t LC  ited Liability Company	<del></del>
The enclosed Articles of Ar	mendment and fee(s) are sub	emitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Javier Eso	Name of Person	
	12.20	Firm/Company	
	2721 Barcia	4 Cene Address	
	Kissimhee	FL 34741 City/State and Zip Code	
		sport @ gmod co	
For further information con	cerning this matter, please c	ali:	
Yazdell Ris	OS erson		Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Javyazh tra	ns port	LLC	
(Name of the Limited	Liability Company a Florida Limited Liab	s it now appears on ou lity Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number <u>レみ件ののみち</u> る		re filed on <u>い【3</u>	12024 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability	company here:	
Tavaz + ra The new name must be distinguishable and contain the wor	ansport	u c	
The new name must be distinguishable and contain the wor	ds "Limited Liability (	Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble: _		
(Principal office address MUST BE A STREET	ADDRESS)	-	
	_		
			· ·
Enter new mailing address, if applicable:	_		-,
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _		
	_		
			i en
B. If amending the registered agent and/or reg agent and/or the new registered office address		ress on our records	s, <u>enter the name of the new register</u> ਸਮੇਂ ਸੰਤੇ
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida stree	et address
		277707 2 707 7110 207 51	
		City	, Florida

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Laracuente, Harry	1054 Martin BLVd orlando FL 32825	□Add
			Remove
			Change
Ambr	Rios Rosado Yazdell	2607 com ove Kissimyee FL 3474	1 DAdd
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be:  If the date inserted in this block does not meet the nument's effective date on the Department of State's re-	applicable statutory:	or more than 90 days at	otional) ter filing.) Pursuant t his date will not be	o 605.02 e listed
cord specifies a delayed effective date, but not an effective date, but not an effect sfiled.			(b) The 90th day	after ti
ed 7/29/2024,	·			
JE H				
Javier E Soto (	r authorized representa	tive of a member		_

Filing Fee: \$25.00